

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC

☐ CLEC

☐ ILEC

☐ Wireless

CERTIFICATED COMPANY INFORMATION

SNET America, Inc.

Company Name

AT&T Long Distance East

FEIN/SSN

312-551-9144

Dbafka

Telephone #

310 Orange Street

Mailing Address

New Haven, CT 06510

City, State, Zip Code

310 Orange Street

Business Location

New Haven, CT 06510

New Haven

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System

Mailing Address: 2 Office Park Court, Suite 103, Columbia, SC 29223

Columbia, SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

No Change

A. **General Manager** (Include Address if different than above)

No Change

Telephone Number / Facsimile Number / E-mail Address

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

No Change

Telephone Number / Facsimile Number / E-mail Address

No Change

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

No Change

Telephone Number / Facsimile Number / E-mail Address

No Change

C2. **Customer Contact** (Toll Free Number)

No Change

D. **Engineering Operations** (Include Address if different than above)

No Change

Telephone Number / Facsimile Number / E-mail Address

No Change

E. **Test and Repair** (Include Address if different than above)

No Change

Telephone Number / Facsimile Number / E-mail Address

No Change

F. **Emergencies** (During Non-Office Hours)

No Change

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Karl Wardin, 225 2. Randolph Street - Z2, Chicago, IL 60606
Regulatory Officer (Include Address if different than above)
312-551-9144 / / ww3587@att.com
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)
N/A
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)
N/A
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)
Donna M. Daniele
3032 Mars Hill Street, Modesto, CA 95355
(Mailing Address)
209-551-2571 / 209-551-2571 / dq1612@att.com
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)
Donna M. Daniele
3032 Mars Hill Steeet, Modesot CA 95355
(Mailing Address)
209-551-2571 / 209-551-2571 / dq1612@att.com
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)
N/A
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Donna M. Daniele

This form was completed by

Area Manager

Title

Donna M. Daniele

Signature

/ 03/28/2013

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201